

(1) PLACE OF BIRTH

County of LexingtonTownship of Wolf Creekor
Inc. Town of
orCity of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child. Maria Elizabeth White { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth
Take entered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 9, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

George White

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 2
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

farmer.

(14) Number of children born to mother, including present birth {

(15) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fredie Logan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Lexington

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 9, 1922 (28) T. H. Hull
Registrar Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

39285

Only

Registration District No. 3108 Registered No. 28
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